

Montana Schools Group Interlocal Authority

SWORN STATEMENT IN PROOF OF LOSS

21-PC2021-32148-1 - 2021 - PC Policy
Policy Number & Memorandum Inception

PC20210009862
Claim Number

MSGIA – Helena, Montana

To the Montana Schools Group Interlocal Authority of PO Box 7029, Helena, Montana at the time of loss, by the above-indicated Memorandum of coverage you covered: Browning School District #9.

Against loss by All Risk of physical loss or damage to the property described under Schedule annexed according to the terms and conditions of the said Memorandum and all forms, endorsements, transfers and assignments attached thereto.

Time and Origin: A property loss occurred on the day of 3/28/2021. The cause and origin of the said loss were: High winds damaged some metal roofing panels on the high gymnasium roof.

Title and Interest: At the time of the loss the interest of your member in the property described therein was sole and unconditional ownership and no other person or persons had any interest therein or encumbrance thereon, except: No exceptions.

Changes: Since the said Memorandum of Coverage was issued there has been no assignment thereof, or change or interest, use, occupancy, possession, location or exposure of the property described, except: No changes.

Whole Loss and Damage was.....\$15,468.83

Less Amount of Deductible .....\$5,000.00

Amount Claimed under the above numbered policy.....\$10,468.83 - ACV

The said loss did not originate by any act, design or procurement on the part of the member, or this affiant; nothing has been done by or with the privity or consent of the member or this affiant, to violate the conditions of the policy or render it void; no articles are mentioned herein or in annexed schedules but such as were destroyed or damaged at the time of said loss; no property saved has in any manner been concealed, and no attempt to deceive the said company, as to the extent of said loss, has in any manner been made. Any other information that may be required will be furnished and considered a part of this proof.

The furnishing of this blank or the preparation of proofs by a representative of Montana Schools Group Interlocal Authority is not a waiver of any of its rights.

Member Representative Signature Member Representative Printed Name Date

State of Montana; County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature Notary Public Printed Name

My commission expires:\_\_\_\_\_ (seal)